



**Blue Cross Blue Shield  
of Florida**

Authorized Licensee of the  
Florida Health Care Service Regulation

**MAIL TO:**

Blue Cross and Blue Shield of Florida  
Spending Account Administration  
P.O. Box 45132  
Jacksonville, FL 32232-5132  
(800) 753-4681

## Automatic Reimbursement Authorization Form

For Flexible Spending Accounts (FSAs) and Health Reimbursement Accounts (HRAs)

### What is Automatic Reimbursement?

Automatic Reimbursement can save you time, as reimbursement requests for certain services are automatically submitted for consideration from your reimbursement account(s). Automatic Reimbursement is for participants who also have a health plan administered by Blue Cross and Blue Shield of Florida (BCBSF). By authorizing Automatic Reimbursement, BCBSF will send your out-of-pocket responsibility for covered health and pharmacy related services, as described in your health plan coverage administered by BCBSF, directly to our Spending Account Administration area to be considered for reimbursement through your Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA). Eligible expenses are then reimbursed according to the terms of your employer's HRA or FSA plan document. Should you have both accounts, eligible expenses will be reimbursed through the FSA first.

There are certain situations where automatic reimbursement is not available and you will still need to complete and submit a reimbursement request form:

- Medical expenses incurred by dependents not covered or paid through a health plan administered by Blue Cross and Blue Shield of Florida health plan, but considered eligible under the FSA and/or HRA plans.
- Medical expenses denied, not covered or not paid by BCBSF, such as dental or vision, will still need to be filed manually even if you have elected to use the automatic reimbursement option.
- Dependent Care FSAs do not have an automatic reimbursement option.
- If you have secondary insurance coverage, whether administered by Blue Cross and Blue Shield of Florida or another insurance carrier, automatic reimbursement is not an option since some of the medical expense may be payable through another source.
- No claim information will be forwarded for those individuals who have requested an alternate address because of The Health Insurance Portability and Accountability Act of 1996 privacy regulations.

**To take advantage of Automatic Reimbursement, please complete (print) and sign below.**

**Employer Name:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_  
Last, First MI

**Social Security Number:** \_\_\_\_\_

By signing below, I agree that:

- Automatic Reimbursement will be used for certain expenses eligible for reimbursement through my Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA).
- Automatic Reimbursement applies to my claims and the claims for dependents covered under my health plan administered by BCBSF.
- I have read and understand the definition and terms outlined above.
- Not all qualified medical expenses apply to automatic reimbursement and that I may have to submit a form to be reimbursed for certain expenses.
- Expenses reimbursed through the FSA and/or HRA have not been reimbursed, and are not reimbursable, under any other health plan coverage, other insurance, or from any other source.

I hereby authorize BCBSF to release any claims information necessary to its subsidiaries, Florida Combined Insurance Agency and Florida Combined Life, to administer Automatic Reimbursement as described on this authorization form.

\_\_\_\_\_  
**Employee Signature**

**Date**